

GENERAL RELIEF SCREENING FOR MENTAL HEALTH

INSTRUCTIONS: Read the following questions to the participant. A “YES” response to any of the following questions warrants a mandated referral for a clinical assessment.

Begin the questions with an introductory statement such as: **“Everybody has fears, worries or troubles. Sometimes, that makes it hard for people to get or keep a job. I would like to ask you a few questions to help us decide whether a counselor should talk with you about this.”**

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| 1. | Do you have any feelings, fears or worries that interfere with your daily tasks and ability to work? | Yes | No |
| 2. | Do you have problems in getting along with others that make it hard for you to work? | Yes | No |
| 3. | Have you had thoughts of seriously hurting yourself or other people within the last 6 months? | Yes | No |
| 4. | Have you experienced any severe traumas such as the sudden death of a loved one, witnessed a violent crime, or been personally victimized within the last year that continues to bother or upset you? | Yes | No |

Participant's Name: _____ Case Number: _____		
Did participant answer YES to one or more questions? Yes No		
If Yes, date participant referred to clinical assessment: _____		
GROW Case Manager Name	File Number	Date